

ADVANCED HEALTH SYSTEMS, INC
A SUBSIDIARY OF
BLUE CROSS & BLUE SHIELD OF MISSISSIPPI,
A MUTUAL INSURANCE COMPANY

PREFERRED HOME CARE PROVIDER

NETWORK AGREEMENT

This Agreement is made and entered into by and between ADVANCED HEALTH SYSTEMS, INC., (hereinafter "AHS"), a subsidiary of BLUE CROSS & BLUE SHIELD OF MISSISSIPPI, A MUTUAL INSURANCE COMPANY, organized and existing under the laws of the State of Mississippi and Advanced Infusion Solutions (hereinafter referred to as "PROVIDER").

WHEREAS, the purpose of this Agreement is to set forth the terms and conditions under which PROVIDER will participate as a provider in managed care arrangements entered into between AHS and various third-party payors;

WHEREAS, PROVIDER meets appropriate state licensure requirements and meets the requirements and standards established by AHS for certification as a Preferred Home Care Provider; and

WHEREAS, PROVIDER is engaged in the delivery of health care services and supplies for Home Infusion Therapy and desires to participate in that part of AHS services relating to Home Infusion Therapy where such services are covered under a Subscriber Contract/Certificate;

NOW, THEREFORE, in consideration of the mutual covenants and agreements herein contained, it is agreed by and between AHS and PROVIDER as follows:

DEFINITIONS

- A. "AHS Preferred Home Care Network" means the collective grouping of AHS Preferred Home Care Providers.
- B. "AHS Preferred Home Care Provider" means a provider which has entered into an Agreement with AHS to render the Home Infusion Services to a Subscriber.
- C. "Benefit Plan" means a group health care policy, a self-funded health benefit plan, or any other legally enforceable instrument administered by Payor which specifies the terms and conditions under which health care services are rendered to the Subscriber.
- D. "Subscriber" means an individual and their enrolled eligible dependents who are eligible to receive health care services for which payment may be sought under the terms of a Benefit Plan.
- E. "Payor" means a third-party payor (such as Blue Cross & Blue Shield of Mississippi) which includes, but is not limited to, an insurance company, an employer, a self-funded

health plan, a third-party administrator, or any other source of payment for health care services which has entered into a contract with AHS.

- F. "Home Infusion Therapy" means services and supplies required for the administration of a home infusion therapy regimen. These services and supplies must be:
- (1) Medically Necessary for the treatment of the disease;
 - (2) ordered by a physician;
 - (3) can be, as determined by AHS, safely administered in the home;
 - (4) provided by a Preferred Home Care provider approved by AHS, when pre-certification has been obtained from AHS;
 - (5) ordinarily in lieu of inpatient therapy; and
 - (6) more cost effective than inpatient therapy.
- G. "Medically Necessary or Medical Necessity" means those services provided by a hospital, physician, or other provider that are required to identify or treat a Subscriber's illness or injury and which Payor determines are covered under a Subscriber Contract/Certificate based on the criteria listed immediately below in (a) through (d). To be determined by Payor to be Medically Necessary, the services must be:
- (a) Consistent with the symptoms or diagnosis and treatment of the Subscriber's condition, disease, ailment, or injury;
 - (b) appropriate with regard to standards of good medical practice;
 - (c) not solely for the convenience of the subscriber, his or her physician, hospital or other provider; and
 - (d) the most appropriate supply or level of service which can safely be provided to subscriber.
- Payor makes no payment for services which are not Medically Necessary.
- H. "Pre-Certification" means the review process which verifies the Medical Necessity of proposed Home Infusion Therapy and is required prior to the initiation of all Home Infusion Therapy. PROVIDER must notify Payor of all Home Infusion Therapy prior to the initiation of Home Infusion Therapy. Home Infusion Therapy is certified for a specific time frame and re-certification is required for continuing the therapy. Payor shall make payment only for those covered services furnished after the Pre-Certification has been approved.
- I. "Subscriber Contract/Certificate" means any contract/certificate issued or administered by AHS, its subsidiaries or affiliates, a contracted payor, or another Blue Cross and Blue Shield plan with which AHS has a Network or reciprocal agreement, entitling Subscribers to receive health care benefits as defined in and pursuant to a Subscriber Contract/Certificate.
- J. "Preferred Home Care Allowance" means the amount established by AHS based on an analysis of Home Infusion Therapy charges, as the maximum amount allowed for Home Infusion Therapy. Benefits shall be subject to the deductible, coinsurance or copayment amounts as defined in the Subscriber's Contract/Certificate.

- K. "Covered Service" means a service which is determined to be payable under the subscriber's benefit plan, which is within the scope of the PROVIDER'S practice and qualifications, which is determined by Payor to be Medically Necessary and which has been approved through Pre-Certification.
- L. "Quality Management Program" means those programs put in place by AHS or Payor to measure the quality of patient care and to encourage quality patient care.

RESPONSIBILITIES OF THE PROVIDER

- A. PROVIDER shall render Home Infusion Therapy to Subscribers, subject to PROVIDER'S capability with respect to acceptance of patients generally and shall not selectively accept those patients with more profit potential; and PROVIDER shall provide Home Infusion Therapy to such patients in accordance with the terms of the Subscriber's Contract/Certificate, AHS administrative guidelines for Home Infusion Therapy and the provisions of this Agreement.
- B. PROVIDER shall provide Home Infusion Therapy services to Subscribers in the same manner and in accordance with the same standards as services are provided to all other patients.
- C. PROVIDER shall notify AHS within 30 days of any change of ownership, legal status and/or change in its principal place of business.
- D. PROVIDER agrees that charges for Home Infusion Therapy rendered to Subscribers shall be in amounts not to exceed the regularly established charges to the general public for the same services.
- E. PROVIDER agrees to provide all information required by PAYOR to adjudicate the claims.
- F. PROVIDER shall accept Payor's payment as full and final compensation for covered services except for any deductible, coinsurance, copayment or non-covered services that are the Subscriber's responsibility under the terms of the Subscriber's Contract/Certificate. PROVIDER shall not bill the Subscriber for any charge in excess of the Preferred Home Care Allowance.
- G. PROVIDER agrees to cooperate with Payor in utilization review activities including Payor's Pre-Certification and re-certification procedures for Home Infusion Therapy, collection of Quality Management data and recertification. Provider agrees to support Payor's Quality Management Programs.
- H. PROVIDER agrees to Pre-Certify all Home Infusion Therapy prior to initiation of Home Infusion Therapy by using Payor's Pre-Certification policies and procedures. In the event of an emergency or holiday, PROVIDER agrees to Pre-Certify within four (4) hours of the first normal business day. PROVIDER recognizes that payment is contingent upon Pre-Certification approval and provides services prior to Pre-Certification at his/her own risk.

- I. PROVIDER agrees to provide AHS with the data necessary for quality control analysis and recredentialing on an ongoing basis.
- J. PROVIDER shall not bill the Subscriber for services rendered prior to Pre-Certification with AHS or services determined by Payor as not Medically Necessary.
- K. PROVIDER shall, at its sole expense, maintain in force during the duration of this Agreement, general and professional liability insurance with limits that satisfy AHS's Credentialing Criteria. Provider shall ensure that insurance carrier provides Plan with an original certificate of insurance as evidence of such coverage(s). PROVIDER shall notify AHS in writing at least (30) days prior to the termination, cancellation or lapse of any such policy.
- L. PROVIDER shall notify AHS of any subcontracted services to be performed under this agreement. All subcontractors' services shall be billed by PROVIDER and shall be subject to the same provisions as set forth in the Agreement. PROVIDER is responsible for the coordination, delivery, quality and reporting of all Home Infusion Therapy provided, including subcontracted services. PROVIDER is fully responsible for the actions of the subcontractor and agrees to verify and keep on file credentialing and licensing information. PROVIDER is fully responsible for ensuring that their staff are qualified and appropriately trained.
- M. PROVIDER shall make available to Payor without charge such financial reports, patients' records, and statistical information from its files and records maintained on Subscribers as Payor may deem needful for its purpose on account of the relationship established herein for AHS's audit and administrative purposes. PROVIDER shall allow inspection, audit, and duplication by AHS, Payor or designee of any and all data, billings, and other records relevant to services provided to subscribers. Inspection, audit, and duplication shall occur after reasonable notice during regular working hours. AHS and Payor respect the privacy of the patient/subscriber and agree to hold all information confidential, using it only in the best interest of the patient.
- N. PROVIDER shall report Home Infusion Therapy provided to Subscribers on standard HCFA-1500 claim forms or alternate claims filing mechanisms approved by AHS and shall include the PROVIDER's charge for Home Infusion Therapy with corresponding HCPCS procedure codes (as defined by AHS), National Drug Codes (NDC), quantities administered, ICD-9 diagnosis codes, subscriber identification and such additional information as may be requested by AHS or Payor for its administrative and actuarial purposes. Claims with incomplete or inaccurate information shall not be honored by AHS or Payor and PROVIDER shall not bill or be entitled to payment from either Payor or Subscriber for services associated with such claims, until complete information is given. PROVIDER understands that AHS is developing electronic claims submission programs for Home Infusion Therapy related services and that Payor may require electronic submission of claims. AHS agrees to give PROVIDER six (6) months notice prior to requirement of electronically submitted claims.
- O. Such claims shall be reported by PROVIDER no later than 120 days after services are rendered or at least once a quarter. Claims that are not submitted within this time period shall not be honored by PAYOR and PROVIDER shall not bill or be entitled to payment from either PAYOR or subscriber for services associated with such claims.

- P. PROVIDER agrees to permit publications and distribution of PROVIDER's name and address as an AHS Preferred Home Care provider.
- Q. PROVIDER agrees to inspection of facilities by AHS for purposes of credentialing or recredentialing with 24 hours notice.
- R. PROVIDER agrees that AHS may access information from the Board of Pharmacy or other licensing entity regarding the facility or staff member's permits or licenses.
- S. PROVIDER agrees to notify AHS within 10 days of any changes to the PROVIDER's service area. AHS agrees to encourage subscribers and physicians within the service area to utilize PROVIDER for Home Infusion Therapy services.

RESPONSIBILITIES OF AHS

- A. AHS shall ensure that Payor makes payment directly to PROVIDER for covered Home Infusion Therapy rendered to Subscribers.
- B. AHS shall ensure that payment to PROVIDER is based on the Preferred Home Care Allowances established and set forth in Exhibit I or the PROVIDER's charge whichever is less.
- C. AHS shall review the Preferred Home Care Allowances as set forth in Exhibit I at least annually and adjust as appropriate.
- D. AHS shall ensure that Payor makes payment to PROVIDER for covered Home Infusion Therapy rendered to its Subscribers in accordance with the provisions of the individual Subscriber's Contract/Certificate.
- E. AHS shall ensure that Payor conducts Pre-Certification review and Medical Necessity review for Home Infusion Therapy provided to its Subscribers. Payor shall not make payment for any services determined to be not Medically Necessary. While Pre-Certification is not a guarantee of payment, Payor will make every effort to address payment coverages and eligibility issues at Pre-Certification.
- F. AHS shall encourage Subscribers and/or Physicians through educational information, directories and/or benefit design to utilize the services of PROVIDER where appropriate for patient care.
- G. AHS shall give PROVIDER an AHS Preferred Home Care Manual upon initial enrollment and shall provide periodic updates as necessary.
- H. AHS shall maintain Preferred Home Care Network credentialing standards for participation, and shall apply those standards fairly and equitably to all PROVIDERS seeking participation.

GENERAL PROVISIONS

- A. This Agreement is the entire understanding between the parties hereto, and no changes, amendments, or alterations shall be in effect unless agreed to in writing by both parties.
- B. Neither party to this Agreement nor any agent, employee or other representative of a party, shall be liable to third parties for any act by commission or omission of the other party in performance of this Agreement and the terms and provisions hereunder.
- C. Neither this Agreement nor any of its rights, duties, or obligations, shall be assigned by either party without written approval by the other party.
- D. PROVIDER may appeal any claim where AHS or Payor have determined Home Infusion Therapy to be not Medically Necessary by notifying AHS or Payor in writing within 30 days of the initial denial of such claim. The appeal notification and any additional information provided by the PROVIDER shall be reviewed by AHS or Payor's Review Committee and referred for external review as appropriate. The appeal decision shall be final and binding on AHS, Payor and PROVIDER.
- E. AHS reserves the right to credential each PROVIDER location independently. Acceptance into the network of one PROVIDER location will not guarantee participation of other PROVIDER locations.
- F. Either party may terminate this Agreement with or without cause by giving 60 days prior written notice and this Agreement shall be terminated without notice if PROVIDER fails to maintain appropriate state licensure requirements or fails to continue to meet requirements and standards established by AHS.
- G. This Agreement shall be effective on the date accepted by AHS and shall continue until terminated.
- H. The validity and construction of this Agreement shall be governed by the laws of the State of Mississippi.
- I. Payment for covered Home Infusion Therapy shall be based on the Preferred Home Care Allowance for the applicable therapy procedure(s) as set forth in Exhibit I or the PROVIDER's charge for such service, whichever is less.

IN WITNESS WHEREOF, the parties hereto, acting through duly authorized officers, have executed this Agreement to be effective on the dates indicated below.

**PREFERRED HOME CARE PROVIDER
(PROVIDER)**

**ADVANCED HEALTH SYSTEMS, INC.
(AHS)**

Bond Pharmacy, Inc. dba Advanced Infusion
Name Solutions

Authorized Officer

132 Fairmont St. Suite B
Physical Address

Date Accepted

Clinton MS 39056
City State Zip Code

601-988-1700
Telephone Number

623 Highland Colony Parkway
Billing Address

Ridgeland, MS 39157
Billing City State Zip Code

601-988-1700
Billing Phone Number

64-0913966
Tax Identification Number

1841686581
NPI Number

David Cheek
Authorized Officer (Please Print or Type)

David J. Cheek
Authorized Officer Signature

12/15/15
Date Signed

Blue Cross & Blue Shield of Mississippi
Home Infusion Therapy - HCPCS Service Codes and Allowable Charges
Exhibit I

HCPCS Codes	Description	Max. Allowed Charge
STANDARD INFUSION THERAPIES		
	All S codes below include administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, per diem (drugs and nursing services are coded separately)	
S9494	Antibiotic, antiviral or antifungal therapy, per diem, noc (<i>do not use with codes S9497-S9504</i>)	
S9497	Antibiotic, antiviral or antifungal therapy, once every 3 hours, per diem	
S9500	Antibiotic, antiviral or antifungal therapy, once every 24 hours, per diem	
S9501	Antibiotic, antiviral or antifungal therapy, once every 12 hours, per diem	
S9502	Antibiotic, antiviral or antifungal therapy, once every 8 hours, per diem	
S9503	Antibiotic, antiviral or antifungal therapy, once every 6 hours, per diem	
S9504	Antibiotic, antiviral or antifungal therapy, once every 4 hours, per diem	
S9325	Pain management infusion, noc, per diem (<i>do not use with codes S9326, S9327 or S9328</i>)	
S9326	Continuous (24 hours or more) pain management infusion, per diem	
S9327	Intermittent (less than 24 hours) pain management infusion, per diem	
S9329	Chemotherapy infusion, per diem (<i>do not use this code with S9330 or S9331</i>)	
S9330	Continuous (24 hours or more) chemotherapy infusion, per diem	
S9331	Intermittent (less than 24 hours) chemotherapy infusion; per diem	
S9336	Continuous anticoagulant infusion therapy (e.g. heparin), per diem	
S9346	Alpha-1-proteinase inhibitor (eg. Prolastin), per diem	
S9347	Uninterrupted, long-term controlled rate intravenous or subcutaneous infusion therapy (eg. epoprostenol), per diem	
S9348	Sympathomimetic/intropic agent (eg. dobutamine) infusion therapy, per diem	
S9351	Continuous anti-emetic infusion therapy, per diem	
S9355	Chelation therapy, per diem	
S9357	Enzyme replacement IV therapy (eg. imigulcerase), per diem	
S9359	Anti-tumor necrosis factor intravenous therapy (e.g. Infliximab), per diem	
S9361	Diuretic intravenous therapy, per diem	
S9363	Anti-spasmodic intravenous therapy, per diem	
S9370	Intermittent anti-emetic infusion therapy, per diem	
S9372	Intermittent anticoagulant injection therapy (e.g. heparin), per diem (Do not use this code for flushing of infusion devices with heparin to maintain patency.)	
S9379	Infusion therapy, not otherwise classified, per diem	
S9490	Corticosteroid infusion, per diem	
S9061	Aerosolized drug therapy (e.g. pentamidine), per diem	
S9353	Continuous insulin infusion therapy, per diem	
S9345	Anti-hemophilic agent infusion therapy (e.g. factor VIII), per diem	
NDC	Medications for infusion (excluding Disease Specific drugs*)	

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Home Infusion Therapy - HCPCS Service Codes and Allowable Charges
Exhibit I

PAIN MANAGEMENT	
	All S codes below include administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9328	Implanted pump pain management infusion, per diem
ENTERAL THERAPY	
	All S codes below include administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment for home enteral feeding, including tubing, swabs, gauze, alcohol wipes, betadine, etc. (enteral formula and nursing visits coded separately)
S9340	Enteral nutrition, per diem
S9341	Enteral nutrition via gravity, per diem
S9342	Enteral nutrition via pump (includes daily pump rental), per diem
S9343	Enteral nutrition via bolus, per diem
B4150	Enteral Formulae, category I; semi-synthetic intact protein/protein isolates, administered through an enteral feeding tube, 100 calories = 1 unit (Please provide appropriate NDC number and description with this code.)
B4152	Enteral Formulae, category II; intact protein/protein isolates (calorically dense), administered through an enteral feeding tube, 100 calories = 1 unit (Please provide appropriate NDC number and description with this code.)
B4153	Enteral Formulae, category III; hydrolyzed protein/amino acids, administered through an enteral feeding tube, 100 calories = 1 unit (Please provide appropriate NDC number and description with this code.)
B4154	Enteral Formulae, category IV; defined formula for special metabolic need, administered through an enteral feeding tube, 100 calories = 1 unit (Please provide appropriate NDC number and description with this code.)
B4155	Enteral Formulae, category V; modular components, administered through an enteral feeding tube, 100 calories = 1 unit (Please provide appropriate NDC number and description with this code.)
HYDRATION THERAPY	
	All S codes below include administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9373	Home infusion therapy, hydration therapy; per diem, <i>(do not use with codes S9370-S9377)</i>
S9374	Home infusion therapy, hydration therapy; one liter a day, per diem
S9375	Home infusion therapy, hydration therapy, more than one liter but no more than two liters per day, per diem
S9376	Home infusion therapy, hydration therapy, more than two liters but no more than three liters, per day, per diem
S9377	Home infusion therapy, hydration therapy; more than three liters per day, per diem

Blue Cross & Blue Shield of Mississippi
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Exhibit I

TOTAL PARENTERAL NUTRITION (TPN) THERAPY	
	All S codes below include administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (includes standard TPN formula – lipids, specialty amino acid formulas, drugs and nursing visits coded separately), per diem (<i>This per diem does not include special additives or proteins – please see Attachment A</i>)
S9364	TPN; per diem (<i>this codes should not be filed with codes S9365-S9368</i>)
S9365	TPN, one liter per day, per diem (<i>this code should not filed with code S9364</i>)
S9366	TPN, more than one liter per day but no more than two per day, per diem (<i>this code should not filed with code S9364</i>)
S9367	TPN, more than two liters per day but no more than three liters per day, per diem (<i>this code should not filed with code S9364</i>)
S9368	TPN, more than three liters per day, per diem (<i>this code should not filed with code S9364</i>)
NDC	Special Additives or Proteins (excluding Disease Specific drugs*)
CATHETER CARE/MAINTENANCE	
	All S codes below administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S5497	Catheter care/maintenance, not otherwise classified; per diem
S5501	Catheter care/maintenance, complex (more than one lumen), per diem
S5502	Catheter care/maintenance, implanted access device, per diem
TRANSFUSIONS	
	All S codes below include administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9538	Home transfusion of blood product(s); per diem
IMMUNE GLOBULIN THERAPY	
	All S codes below include administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9338	Immunotherapy, per diem
HOME UTERINE MONITORING	
	All S codes below include administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9349	Tocolytic infusion therapy, per diem
MEDICAL NUTRITION THERAPY	
97802	Medical Nutrition Therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes
MEDICAL NUTRITION THERAPY	
G0108	Diabetes, outpatient self-management training services, per 30 minutes
G0109	Diabetes self-management training services, group session (2 or more), per 30 minutes

Blue Cross & Blue Shield of Mississippi
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MISCELLANEOUS NON-INFUSION THERAPIES	
	All S codes below include administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S9558	Home injectable therapy; growth hormone, per diem
S9559	Home injectable therapy, interferon, per diem
S9560	Home injectable therapy, hormonal therapy (e.g. leuporlide, goserelin), per diem
S9562	Home injectable therapy, palivizumab, per diem
S9542	Home injectable therapy; not otherwise classified, per diem
S9537	Hematopoietic hormone injection therapy (e.g. erythropoietin, G-CSF, GM-CSF), per diem
CATHETER INSERTION	
	All S codes below include administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
S5517	All supplies for restoration of catheter patency or declotting
S5518	Home infusion therapy, all supplies necessary for catheter repair
S5520	All supplies (including catheter) necessary for a peripherally inserted central venous catheter (picc) line insertion
S5521	All supplies (including catheter) necessary for a mid-line catheter insertion
S5522	Insertion of peripherally inserted central venous catheter (PICC), nursing services only (no supplies or catheter included)
S5523	Insertion of midline central venous catheter (PICC), nursing services only (no supplies or catheter included)
NURSING & PROFESSIONAL SERVICES	
99601	Home infusion/specialty drug administration, nursing services; per visit (up to 2 hours)
99602	Each additional hour (list separately in addition to code 99601)

* - Disease Specific drugs shall be reimbursed based upon allowances set forth within the Disease Specific Pharmacy Network Fee Schedule.

The TPN "S" codes (S9364 – S9368) include some drugs and other products in the per diem. Specifically, products used in a standard TPN formula and included in the per diem are:

- a.) Non-specialty amino acids (e.g., Aminosyn, FreAmine, Travasol)
- b.) Concentrated dextrose (e.g., D10, D20, D40, D50, D60, D70)
- c.) Sterile water
- d.) Electrolytes (e.g., CaCl₂, KCL, CPO₄, MgSo₄, NaAc, NaCl, NaPO₄)
- e.) Standard multi-trace element solutions (e.g., MTE4, MTE5, MTE7)
- f.) Standard multivitamin solutions (e.g., MVI-13)

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Not included in the TPN per diem are the following items to be coded separately:

- a.) Specialty amino acids for renal failure (e.g., Aminess, Aminosyn-RF, NephroAmine, RenAmin)
- b.) Specialty amino acids for hepatic failure (e.g., HepatAmine)
- c.) Specialty amino acids for high stress conditions (e.g. Aminosyn-HBC, BranchAmin, FreAmine HBC, Trophamine)
- d.) Specialty amino acids with concentrations of 15% and above when medically necessary for fluid restricted patients (e.g., Aminosyn 15%, Novamine 15%, Clinisol 15%)
- e.) Lipids (e.g., Intralipid, Liposyn)
- f.) Added trace elements not from a standard multi-trace element solution (e.g., chromium, copper, iodine, manganese, selenium, zinc)
- g.) Added vitamins not from a standard multivitamin solution (e.g., folic acid, vitamin C, vitamin K)
- h.) Products serving non-nutritional purposes (e.g., heparin, insulin, iron dextran, Pepcid, Sandostatin, Zofran)

Note: Additions to the list of special additives will be viewed upon the provider's request. Please include supporting documentation.

**BLUE CROSS & BLUE SHIELD
OF MISSISSIPPI**

Authorized Officer

Title

Date

HOME INFUSION PROVIDER

Advanced Infusion Solutions

Company Name

David D. Cheek

Authorized Officer

CEO

Title

12/15/15

Date